



Network Access Request Form

Information Technology Services - Massachusetts Department Of Public Health

Please be advised that all network account requests need to be submitted a minimum of one week prior to user's start date.

☐ Create a New Account

☒ Modify Existing Account

☐ Delete Existing Account

User Name/s

(if bulk modifying, please
separate with commas)

GENERAL INFO

First Name M ☐ Last Name

Start Date Employment Status End Date

*If NOT a State Employee.

Division Supervisor

Site Room / Cubicle Phone #

SECURITY ACCESS

(Convenient) Please give user same rights as:

User Groups:	Add	Remove	Access to folders.	None	Read Only	Full
drug lab, drug lab evidence office	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E-MAIL

User will not automatically receive an e-mail address, unless specifically requested in this section.

Email Account ☐

Mailbox Size:

Distribution Lists

<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Add - Remove

ADDITIONAL

The following may require additional forms
Please check all that are required

- | | |
|--|---|
| <input type="checkbox"/> Desktop Computer | <input type="checkbox"/> VPN |
| <input type="checkbox"/> Laptop / Notebook | <input type="checkbox"/> Mainframe Access |
| <input type="checkbox"/> BlackBerry | <input type="checkbox"/> UAID |

Other

Additional Software:
(Photoshop, Visio, etc.)

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Additional Applications:
(MMARS, Meditech, etc.)

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Notes: (When requesting a user termination, please specify if and who should receive a copy of user's files)

please provide these additional rights

Requested By:

julianne nassif

Date

Jul 17, 2009

Approved By:

linda han

Date